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CONFIRMATION NO. 5105

<b>SERIAL NUMBER</b> 10/520,325	<b>FILING OR 371(c) DATE</b> 09/12/2005 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3709	<b>ATTORNEY DOCKET NO.</b> 54104/THD/K163
<b>APPLICANTS</b> Kevin Woehr, Felsberg, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/07073 07/02/2003 <i>verified gmb</i>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 202 10 394.3 07/04/2002 <i>verified gmb</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/18/2006</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i>		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 11
Verified and Acknowledged <i>Examiner's Signature</i> <i>gmb</i> Initials				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 23363				
<b>TITLE</b> Catheter insertion device				
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	